



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

MOBILE ESTABLISHMENT APPLICATION NEW LICENSE, CHANGE OF OWNERSHIP, OR DISSOLVED PARTNERSHIP

Do not return the following informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS MOBILE ESTABLISHMENT LICENSE

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with the application:**

1. Fee;
2. A scaled floor plan of the mobile establishment that details the purpose of each area within the unit including entrances, exits, dispensaries, location of fresh water and grey water tanks, shampoo sinks, utility sinks, work area(s) and public restroom facilities; and

CORPORATION OR LLC:

You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

NOTE:

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void regardless that you hold a temporary license, if applicable.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

If there is a change in ownership of the mobile establishment, you must reapply for a new establishment license. The mobile establishment license issued is only valid for the current mobile establishment owner.

A separate license must be obtained for each municipality

PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your license will be attached to that email. (a paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

NOTICES:

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

All relevant laws and rules are accessible from this web page.

Title 5 Administrative Procedures and Services Chapter 341

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

Title 10 Department of Business Regulation Law §§8001-8011

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the websites listed above to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 1: OWNERSHIP - Please check one and complete the appropriate block below.

- Sole Proprietor** (complete section A)
- Partnership** (complete section B) -if your partnership consist of 2 corporations or more, you must submit a list of officers.
- Corporation** (complete section C) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.
- Limited Liability Company** (complete section D) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

Section A - Sole Proprietor			
Owner Name		Social Security Number	
Contact Address	City	State	Zip Code
Telephone Number	Fax Number	Email Address	
()	()		
Mobile Establishment Name (Doing Business As)			

Section B - Partnership: List the name and address of each partner			
PARTNERSHIP INFORMATION:			
Name of partnership			
Contact Address	City	State	Zip Code
Telephone Number		FEIN Number	
()			
E-mail Address			
Mobile Establishment Name (Doing Business As)			

SECTION 1: OWNERSHIP (CONTINUED)

NAME AND CONTACT INFORMATION OF EACH PARTNER

Section B - Partnership (CONTINUED)			
Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name; if applicable			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name; if applicable			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

SECTION 1: OWNERSHIP (CONTINUED)

Section C - Corporation Ownership:			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Physical Address of Corporation	City	State	Zip Code
Telephone Number	Fax Number		
()			
E-mail Address	Website Address		
Name of Registered Agent			
Corporate Registration Certificate Number; If applicable	Issued Under What Jurisdiction	Date	
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

SECTION 1: OWNERSHIP (CONTINUED)

Section C – Corporation Ownership (CONTINUED)

Is this corporation's stock traded on a major stock exchange and not over-the-counter
YES NO If no, complete the section below—List the name and contact address
of each shareholder owning 10% or more of the voting stock of the
Corporation.
(Duplicate page in same format if necessary)

1. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

2. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

3. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

4. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

SECTION 1: OWNERSHIP (CONTINUED)

Section C – Corporation Ownership (CONTINUED)

CORPORATE OFFICER(S) AND DIRECTOR

(Duplicate page in same format if necessary)

1. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
2. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
3. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
4. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:			
Name of Limited Liability Company			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Limited Liability Company	City	State	Zip Code
Physical Address of Limited Liability Company	City	State	Zip Code
Telephone Number ()	Fax Number		
E-mail Address	Website Address		
Name of Member or Manager Representing Applicant			
Mailing Address of Representative	City	State	Zip Code
Telephone Number ()	E-mail Address		
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Name of Registered Agent	City		State
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number ()	E-mail Address/ Website Address		

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:

Please list the names and mailing addresses of each member and manager. You may copy this page if more space is needed.

1. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	
2. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
3. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
4. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

SECTION 2: MOBILE ESTABLISHMENT INFORMATION

Services offered in this mobile establishment (check all that apply)		
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barber Hair Styling <input type="checkbox"/> Cosmetology <input type="checkbox"/> Hair Design <input type="checkbox"/> Nail Technology		
City/Town/Municipality where the mobile establishment is expected to provide services A separate license must be obtained for each municipality		
Anticipated date mobile establishment will begin travelling and offering service:		
Expected Hours of Operation	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 3: CHANGE OF OWNERSHIP INFORMATION / DISSOLVE PARTNERSHIP

- Ownership Change (*complete section A*)
- Dissolved Partnership (*complete section B*)

Section A – Ownership Change	
Former Owner’s Name	Date change took place
License Number	Expiration
Section B – Dissolved Partnership (If you are dissolving a partnership other than death or divorce, the party being removed must sign this application or send a verifiable letter that they are no longer a partner of this license)	
Name of Former Owner	
Signature of Former Owner	Date
	

SECTION 4: SELF INSPECTION CHECKLIST FOR NEW MOBILE ESTABLISHMENTS

Read the statement below and sign where indicated as your certification of the information provided in this application.

Statement/Affirmation
<p>I affirm that the establishment complies with all items reference in the Barbering and Cosmetology Licensing Rules Chapter 25 and 26, including but is not limited to; all matter related to the physical plant of the business, practice tools, articles, equipment, items to maintain sanitation and infection control standards and safe practice procedures, and all requirements for the overall operation of your establishment operation.</p> <p><u>Check one:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide a detailed explanation on a separate sheet of paper).</p>

SECTION 6: ENDORSEMENT FOR MOBILE ESTABLISHMENT APPLICATION

Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

I verify that I have read all of the Maine Barbering & Cosmetology Licensing Programs Laws and Rules, including Program Rule Chapter 25 and Chapter 26 which describes the safety and sanitation requirements to open and operate a mobile establishment. I affirm that the items checked on the self-inspection list have been installed and completed and that all requirements for opening my mobile establishment have been met. The list is not inclusive and not intended to circumvent following established laws and rules. I understand the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that sanctions may be imposed including suspension and revocation of my license if the information being reported is found to be false.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Please submit your application as early as possible to allow adequate time for your mobile establishment approval. You may not operate your mobile establishment until this office has issued your mobile establishment license.

Printed Name Owner #1	
Signature Owner #1	Date
	

Printed Name Owner #2 ; if applicable	
Signature Owner #2	Date
	

Printed Name Owner #3 ; if applicable	
Signature Owner #3	Date
	